



STATE OF TENNESSEE

DON SUNDQUIST
GOVERNOR

GOVERNOR'S GUIDELINES FOR PARDONS, COMMUTATIONS & REPRIEVES

Issued by Governor Don Sundquist

February 23, 1996

As Amended September 13, 1999

To the Board of Probation and Parole:

Article 3, Section 6 of Tennessee's Constitution provides that the governor shall have the power to grant pardons. The governor also has the power to grant reprieves and commutations. T.C.A. Section 40-27-131. Pursuant to T.C.A. Section 40-23-104(a)(9), the Governor hereby requests the Tennessee Board of Probation and Parole (hereinafter the "Board") to consider and to make nonbinding recommendations concerning requests for pardons, commutations and reprieves. The Board shall have the discretion to make either favorable or unfavorable recommendations. In order to provide guidance to the Board in reviewing petitions for pardons, commutations and reprieves, and in making its recommendations to the Governor, the Governor has established the guidelines set forth below.

The Governor will consider petitions for relief forwarded to him by the Board. The Governor will notify the Board in writing of the Governor's final determination upon a petition submitted to him by the Board. The Board shall advise the petitioner of the Governor's final determination upon a petition submitted to the Governor. At any time before making a final determination on a petition, the Governor may return a petition to the Board for further action, request further information, or both.

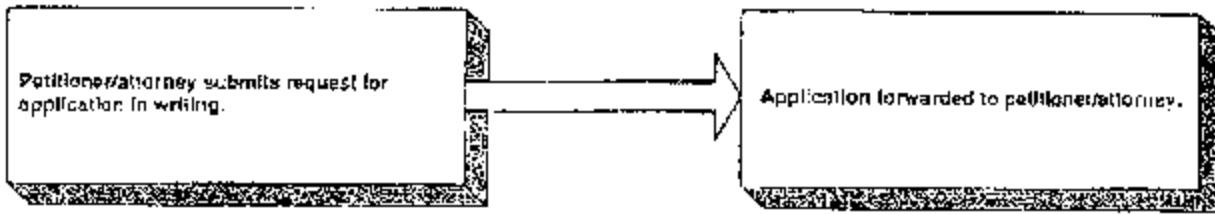
These guidelines are advisory only and do not create any enforceable rights in the petitioner, nor do they restrict the Governor in the execution of his powers. The Governor expressly reserves the right to waive any of the non-statutory provisions set forth in these guidelines in any case deemed worthy of special consideration, due to extraordinary circumstances. The Governor also expressly reserves the right to deny a petition for relief even though the petitioner meets the requirements of these advisory guidelines if the Governor deems that such a denial is warranted.

While the Governor herein requests the Board to make nonbinding recommendations with respect to executive clemency applications, nothing herein shall be construed to require that the Governor receive or request a recommendation from the Board prior to acting upon an application for executive clemency.

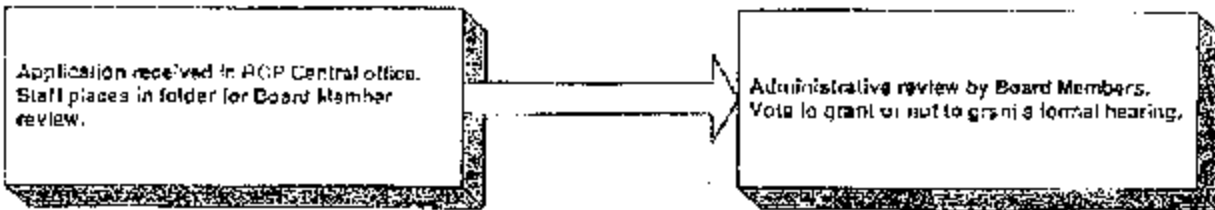
State Capitol, Nashville, Tennessee 37243-0001
Telephone No. (615) 741-2001

Clemency Application Process

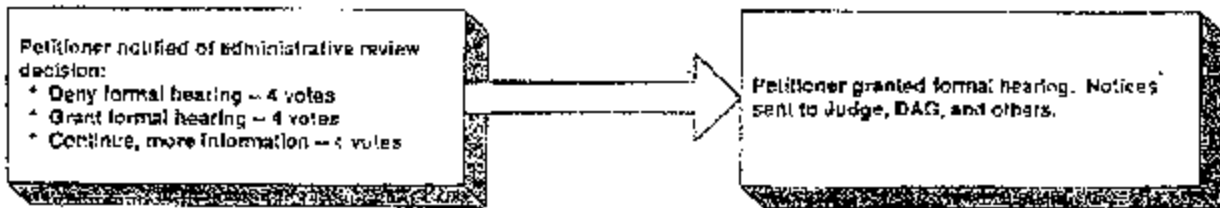
Initial Process



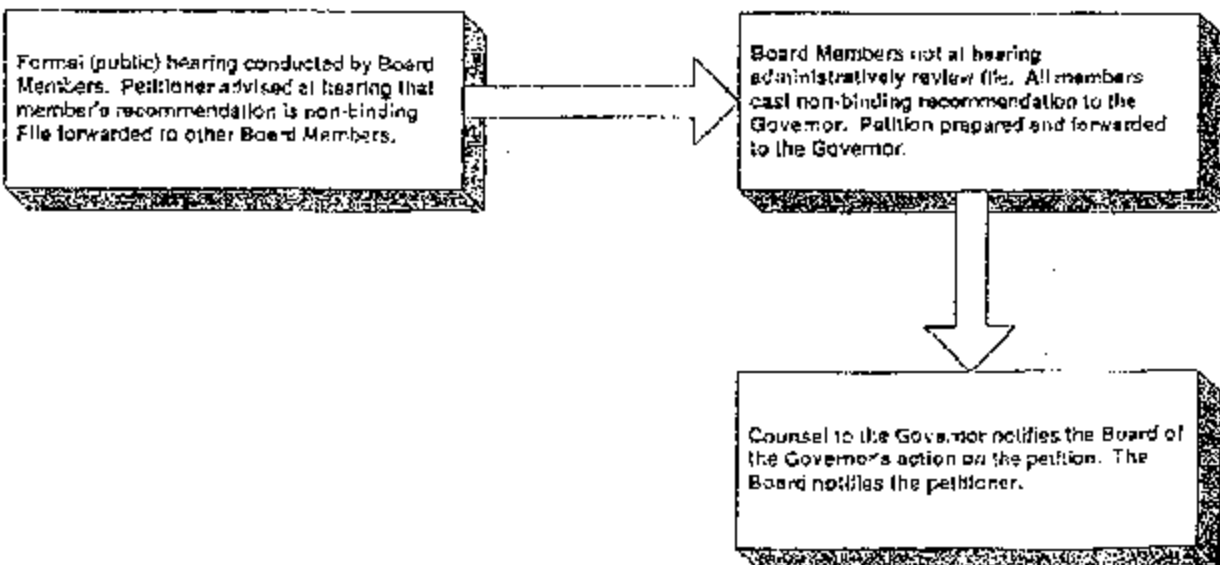
First Stage of Formal Process



Second Stage of Formal Process



Third Stage of Formal Process





EXECUTIVE CLEMENCY INSTRUCTION SHEET

**READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.
INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

In completing the Executive Clemency applications for Pardon/Commutation, the petitioner should send a cover letter attached to the front of the application specifying what type of relief he/she is requesting. An example would be "I am seeking a Pardon of my burglary 2nd degree conviction that will allow me to enter a specific profession." An example of a Commutation in a non-capital sentence would be, "I am requesting a commutation of sentence to make me eligible for parole consideration or to have my sentence served concurrent or reduction of my total sentence." An example of Commutation in a capital case would be, "I am requesting a commutation of my sentence of death to life without parole in the penitentiary."

1. Type or Print all responses to each question legibly.
2. Answer every question, even if your response is "N/A" (Not Applicable).
3. Applicants must submit all verifying information, DO NOT refer to the Board of Pardons for sources of verification. The Board does not investigate applications for a Commutation unless the Board has accepted the application for review
4. Each completed application must be notarized.
5. If documents have been submitted in the past, the applicant must re-submit current information with each application.
6. The application should only be accompanied by the designated information as specified in the Governor's criteria.
7. Applicant will be notified in writing when the Board has determined if the application meets the Governor's criteria.
8. If the Board declines an application, the reason for denial will be given, as well as, when the applicant may re-apply.
9. If the Board determines the need, anyone listed on your application may be contacted.
10. Each application must contain the applicant's signature unless the applicant is physically or mentally incapable of signing, and such is documented in a cover letter with the application.



STATE OF TENNESSEE
TENNESSEE BOARD OF PROBATION AND PAROLE
404 James Robertson Parkway, Suite 1300
Nashville, TN 37243-0850
(615) 741-1150 FAX (615) 741-5337

APPLICATION FOR PARDON

I, _____ am hereby applying for a Pardon, and I understand that I must meet all the Governor's criteria listed below:

PARDONS

Meeting the requirements set forth in these guidelines is merely a threshold inquiry in the consideration of pardon relief. The final determination of whether a pardon will be granted lies with the Governor after a review of the petition and the recommendation of the Board. Before a petition for pardon is considered by the Board, the petitioner shall have completed his sentence, including any community supervision.

In order to provide guidance to the Board in reviewing pardon petitions and in making its recommendations to the Governor, the Governor has established the following criteria:

1. The Governor will give serious consideration to Pardon requests where:
 - a) Petitioner has been neither convicted, nor confined under sentence, nor placed under community supervision within five (5) years since the completion of the sentence(s) from which he seeks a pardon; and
 - b) Petitioner has demonstrated good citizenship since the completion of the sentence(s) from which he seeks a pardon which shall mean both specific achievements and incident-free behavior; and
 - c) Petitioner has demonstrated with proper verification, a specific and compelling need for a pardon.
2. Petitioner has the obligation to provide written verification of good citizenship and of a compelling and specific need in conjunction with 1(b) and 1(c) above. The demonstration of good citizenship shall, among other things, include written communication from at least five (5) persons other than the petitioner or a member of the petitioner's family verifying the period of good citizenship. In addition, the demonstration of a compelling and specific need for a pardon must be verified, in writing, by at least one (1) source other than the petitioner or a member of the petitioner's family; provided, however, the Board may waive this requirement if the circumstances warrant. Generally, the need for a pardon will not be found compelling when other provisions of the law provide appropriate relief for the petitioner.

GENERAL INFORMATION

NAME: _____

LIST ALIAS (IF ANY): _____

DOB: __/__/__ AGE: __ RACE: SEX: SS#: --

DRIVER LICENSE NUMBER: STATE: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

LIST TELEPHONE NUMBER(S) WHERE YOU MAY BE REACHED :

AREA CODE/HOME

AREA CODE/DAY TIME OR WORK

PLEASE CHECK THE BOX THAT APPLIES TO YOUR STATUS:

SINGLE MARRIED DIVORCED WIDOWED

IF MARRIED, DATE OF MARRIAGE: --

NAME OF SPOUSE: _____

SPOUSE'S EMPLOYMENT:

EMPLOYER'S NAME

(AREA CODE) TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

LIST ALL CHILDREN AND AGES:

WHO HAS CURRENT CUSTODY OF CHILDREN? _____

RELATIONSHIP TO CHILDREN: _____

DO YOU HAVE ANY OUTSTANDING COURT ORDERS REGARDING CHILD SUPPORT?

YES NO

IF YES PROVIDE A CERTIFIED COPY OF THE COURT ORDER

CRIMINAL INFORMATION

LIST YOUR TENNESSEE DEPARTMENT OF CORRECTIONS I.D. NUMBER, OR PROBATION I.D. NUMBER: _____

IF YOU DID NOT RECEIVE A TDOC NUMBER, GIVE YOUR JAIL I.D.: _____

BELOW LIST ALL PRIOR FELONY CONVICTIONS, INCLUDING JUVENILE RECORD:

<u>AGE</u>	<u>DATE</u>	<u>CONVICTION</u>	<u>STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUBMIT A ONE (1) PAGE NARRATIVE SUMMARY OF YOUR PARTICIPATION IN THE CRIME FOR WHICH YOU ARE REQUESTING A PARDON.

THE FOLLOWING INFORMATION MUST BE COURT CERTIFIED AND SUBMITTED WITH YOUR APPLICATION:

- COPIES OF CONVICTIONS/JUDGMENTS
- A COPY OF THE ORDER GRANTING PROBATION
- A COPY OF THE ORDER OF DISCHARGE FROM PROBATION, OR PAROLE
- A COPY OF YOUR CRIMINAL HISTORY

EDUCATIONAL INFORMATION

HIGHEST LEVEL OF EDUCATION COMPLETED: _____
 LIST VOCATIONAL TRAINING AND DATES ATTENDED:

SUBMIT COPIES OF YOUR DIPLOMA, DEGREES, CERTIFICATES, OR CURRENT PROFESSIONAL LICENSE.

MILITARY INFORMATION

BRANCH OF SERVICE: _____
 SERVICE DATE: ____/____/____
 TYPE OF DISCHARGE: _____

LIST TYPES OF COMMENDATIONS OR DECORATIONS RECEIVED:

A COPY OF YOUR DISCHARGE SHOULD BE SUBMITTED WITH YOUR APPLICATION

FAMILY INFORMATION

MOTHER'S NAME: _____

ADDRESS: _____

STREET ADDRESS CITY STATE ZIP CODE

EMPLOYMENT: _____

STREET ADDRESS CITY STATE ZIP CODE

FATHER'S NAME: _____

ADDRESS: _____

STREET ADDRESS CITY STATE ZIP CODE

EMPLOYMENT: _____

STREET ADDRESS CITY STATE ZIP CODE

LIST ALL BROTHERS AND SISTERS, GIVING THEIR CURRENT NAME, ADDRESS, AREA CODE AND TELEPHONE NUMBER:

EMPLOYMENT INFORMATION

CURRENT EMPLOYER: _____

ADDRESS CITY STATE ZIP CODE

SUPERVISOR: _____

DATE OF EMPLOYMENT: - -

JOB TITLE: _____

RESPONSIBILITIES: _____

LIST YOUR EMPLOYMENT HISTORY FOR THE LAST TEN (10) YEARS:

EMPLOYER	DATE OF EMPLOYMENT	JOB TITLE
_____	_____	_____
RESPONSIBILITIES: _____		

EMPLOYER	DATE OF EMPLOYMENT	JOB TITLE
_____	_____	_____
RESPONSIBILITIES: _____		

EMPLOYER	DATE OF EMPLOYMENT	JOB TITLE
_____	_____	_____
RESPONSIBILITIES: _____		

EMPLOYER	DATE OF EMPLOYMENT	JOB TITLE
_____	_____	_____
RESPONSIBILITIES: _____		

EMPLOYER

DATE OF EMPLOYMENT

JOB TITLE

RESPONSIBILITIES:

EMPLOYER

DATE OF EMPLOYMENT

JOB TITLE

RESPONSIBILITIES:

EMPLOYER

DATE OF EMPLOYMENT

JOB TITLE

RESPONSIBILITIES:

EMPLOYER

DATE OF EMPLOYMENT

JOB TITLE

RESPONSIBILITIES:

I, affirm that I have read, or had read to me and understand the instructions, questions and statements within this application; that it has been completed in its entirety; that ALL responses (made in the application, or attached to the application, are true and correct to the best of my knowledge; that in my judgment I meet ALL the criteria on which this application is based and therefore, am applying for a Pardon under the criteria noted in this application.

PETITIONER'S SIGNATURE

STATE OF _____

COUNTY OF _____

Before me, _____, the undersigned officer, personally appeared _____

known to me (or satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose herein contained.

In witness whereof, I hereunto set my hand and official seal.

Witness my hand, this _____ day of _____ 19 _____.

Signature of Notary

My Commission Expires: _____

If this application was completed by someone other than the petitioner, the person completing the application must provide their name, address, telephone number, and relationship to the petitioner in the space provided below.

NAME

ADDRESS CITY

STATE ZIP CODE

PREPARER'S SIGNATURE

RELATIONSHIP TO PETITIONER

TELEPHONE: () _____